

CAPITAL PROJECT APPROPRIATIONS REQUEST
PART A - SUMMARY OF 2003-2005 REQUESTS

STATE AGENCY (OR INSTITUTION)	SUBMITTED BY	DATE
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List projects in priority rank order:

TOTAL FUNDING REQUESTED

RANK	PROJECT TITLE	STATE	FEDERAL	OTHER	PROJECT TOTAL
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AGENCY TOTAL REQUESTED

CAPITAL PROJECT APPROPRIATIONS REQUEST
PART B - PROJECT OVERVIEW

STATE AGENCY (OR INSTITUTION)	PROJECT TITLE AND LOCATION	AGENCY PRIORITY RANK
I. This project is: (Check as applicable)	VI. Estimated useful life of facility	
<input type="checkbox"/> New Construction	Estimated useful life of fixed equipment	
<input type="checkbox"/> Addition to Existing Facility	Estimated useful life of moveable equipment	
<input type="checkbox"/> Renovation of an Existing Facility	VII. Are necessary project support requirements available? (Check As Applicable)	
<input type="checkbox"/> Replaces an Existing Facility	<input type="checkbox"/> Site Currently Owned	
<input type="checkbox"/> Major Maintenance, Renovation, or Repair	<input type="checkbox"/> Utilities Already Available	<input type="checkbox"/> Site to be Acquired
<input type="checkbox"/> Deferred Maintenance	<input type="checkbox"/> Access Available	
<input type="checkbox"/> Equipment Only	<input type="checkbox"/> Site to be Acquired	
<input type="checkbox"/> Energy Related	<input type="checkbox"/> Parking Available for	<input type="checkbox"/> No. of Vehicles
<input type="checkbox"/> Other, Specify	VIII. This project will be: (Check & Offer Explanation As Applicable)	
II.	<input type="checkbox"/> Used by other State (Public) Agencies	
<input type="checkbox"/> Purpose of the project is for Existing Programs	How Used:	
<input type="checkbox"/> Purpose of the project is for Expanded Programs	If Income Producing, Estimated Income to be generated during first year of operation.	
<input type="checkbox"/> Purpose of the project is for New Programs		
III. As may be applicable for new construction projects, agency certifies that the repair/renovation of existing facilities in lieu of new construction is not the most appropriate and cost effective method of addressing the need for this project.	IX. Have any plans been prepared for the project?	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> No	If so, what type of plans, how, and by whom were they prepared?	
	Date Prepared:	
IV. Has this project been previously requested?	X. For purposes of SBS evaluation:	
<input type="checkbox"/> Yes	Is this project part of agency's long range capital plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No	If yes, explain briefly its relationship to the long range plan.	
If so, when		
Was the project recommended by the Governor?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Was the project recommended by the General Assembly?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
V. Estimated project initiation date	If no, explain why this project has become an agency priority.	
Estimated project completion date		

CAPITAL PROJECT APPROPRIATIONS REQUEST
PART C - PROJECT DESCRIPTION/JUSTIFICATION

Describe the project requested in part B, including gross and assignable square feet where applicable. Indicate the agency programs to be served and the proportion of space which will be allocated to various functional uses/activities. Cite the standards used to develop space needs. Explain why the project is necessary and indicate the alternatives, such as leased space, which were considered and why this alternative is most desirable. Discuss the consequences of not carrying out this project during the 2003-2005 biennium. If the request represents a series of similar repair or maintenance projects, please provide a list which indicates each facility to be repaired and the nature and cost of each repair project. Similarly, if the request represents a series of major equipment purchases, list the facility to receive the equipment, the nature of the equipment and the cost. Also indicate whether the equipment is replacement for existing equipment and age of equipment to be replaced or whether the equipment is initial acquisition.

CAPITAL PROJECT APPROPRIATION REQUEST
PART D - COSTS OF PROJECT, METHOD OF FINANCING

I. Estimated Project Costs

(A) Building Construction Costs
(New or Renovated) Based on
_____ sq. ft. \$ _____ est.
cost/sq. ft. (SBS can advise based
on "Means Cost Estimating Guides")

(B) Built-in Equipment

(C) Architectural and Engineering Fees
(_____ of Item A)
SBS Fee Schedule. Average is 6%
to 8.5%.)

(D) Contingencies (_____ of A)
Will Average 2.5% on High Project Budget
to 10% on Low Budget Projects.
Average is 5%.

(E) Moveable Equipment & Furnishings

(F) Repairs, Renovation,
Major Maintenance Costs

Total Base Cost

(G) Other Costs (Items (1), (3) & (5) are
Reimbursable Exp. on Prof. Svcs. Contrs.)
(1) Advertising (Avg. = \$300)
(2) Land and Right of Way
Acquisition Costs
(3) Site Survey, Soil Borings, & Testing;
(\$5,000 ± average)
(4) Site Improvements
(5) Other, Specify
Health Dpt. plans review - (\$500±);
Reproduction & Printing. (Blueprint
Costs vary from \$500 to \$5,000
depending on Project Size.)

Total Other Costs

II. Method of Financing:

Source of Funds: State.....

Cash.....

Federal.....

Bond Proceeds..

Other, Specify...

Total Funding

III. Anticipated Facility Operating Costs

	<u>2003-2004</u>	<u>2004-2005</u>	<u>2005-2006</u>	<u>2006-2007</u>
Personal Services.....				
No. of Positions....				
Maintenance and Operations.....				
Total Personal Services & Operating Costs...				

IV. Operating Fund Sources

	<u>2003-2004</u>	<u>2004-2005</u>	<u>2005-2006</u>	<u>2006-2007</u>
General Revenue.....				
Cash.....				
Federal.....				
Special Revenue.....				
Other.....				
Total.....				